Nash County 2015 State of the County Health Report





Prepared by the Nash County Health Department William W. Hill, Jr., MPH, Human Services Director/Health Director Dr. Mike Johnson, OD, Chairman, Nash County Human Services Board

Letter from the Human Services Director/Health Director

Citizens and Leaders of Nash County-

I am extremely excited to share with you the 2015 State of the County Health Report. This report tracks the priority issues identified in the 2012 Community Health Assessment, identifies emerging issues, and highlights new initiatives of the year 2015. In addition, you will see morbidity and mortality data for Nash County and how this impact on our residents.

We have certainly faced challenging times both locally, within our state, and nationally in recent years. Our community has struggled with high unemployment and economic issues. The health department specifically has seen a strong rise in the need for our services due to the economy, though at the same time we have also faced understandable, yet serious, budget cuts on many levels. This tie between the social and economic conditions of our community and our public health system is a very important one. Thus, our health goals very much reflect the need to look at our health issues through this lens. It is imperative that we work side-by-side with other community agencies to improve these socioeconomic conditions in conjunction with our individual health conditions.

We are blessed in Nash County to have a strong clinical care system-as you will see in this report, one of our strengths is in this healthcare system. However, we are not as strong in other areas such as creating a healthy environment in which to live and make healthy choices as well as in practicing healthy behaviors. We realize that creating a healthy place to live (where all citizens have excellent and equal access to things like fresh, healthy foods and recreation areas) and be able to practice healthy behaviors (such as eating well and being physically active) requires a two-pronged approach. Community leaders must work together to make sure our community has access to places and things that promote healthy living, but also our citizens have to take responsibility to utilize these resources and make healthy choices for themselves to improve their own health.

We have a tough road ahead to make the goals in this report a reality. However, Nash County has engaged leaders/agencies as well as determined citizens who are unwavering in their commitment to making Nash County one of the healthiest communities in North Carolina. Public health is, at its very core, dedicated to improving the health of our entire community. Whether you ever set foot inside our doors for services, we are still working for every single citizen of Nash County in these community planning efforts. We encourage citizens to become aware of our services and work with and to work with us in improving the health of Nash County.

Sincerely,		

Bill Hill

Nash County Consolidated Human Services Board

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VACANT Engineer Psychiatrist

History of Nash County, NC

Nash County is located in the northeast section of the state, approximately 45 miles east of Raleigh from Nashville, the county seat. The county encompasses a total of 542.71 square miles in area (land and water) with 540.33 square miles in land area bounded by Edgecombe, Wilson, Johnston, Franklin, Wake, and Halifax counties. Most of the county is rural in population with the exception of the City of Rocky Mount, which straddles Nash and Edgecombe counties. The county has eleven municipalities within five quadrants that include: (1) County Seat (Nashville); (2) Eastern Area (Rocky Mount and Sharpsburg); (3) Northern Area (Dortches, Castalia, Red Oak and Whitakers); (4) Southern Area (Middlesex and Bailey); and (5) Western Area (Momeyer and Spring Hope).



Demographics of Nash County

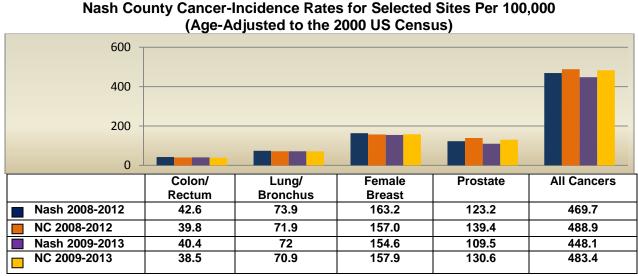
People Quick Facts	Nash County	North Carolina
Population, 2014 estimate	94, 357	9,943,964
White alone, percent, 2014 (a)	56.8%	71.5%
Black or African American alone, percent, 2014 (a)	39.4%	22.1%
American Indian and Alaska Native alone, percent, 2014 (a)	0.9%	1.6%
Asian alone, percent, 2014 (a)	1.0%	2.7%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	Z*	0.1%
Two or More Races, percent, 2014	1.7%	2.1%
Hispanic or Latino, percent, 2014 (b)	6.6%	9.0%
Language other than English spoken at home, pct age 5+, 2009-2013	6.9%	10.9%
Median household income 2009-2013	\$43,084	\$46,334
Persons below poverty level, percent, 2009-2013	17.0%	17.5%

^{*}Z: Value greater than zero but less than half unit of measure shown

Source: US Census Bureau State and County Quick Facts, December 2015

Morbidity Data

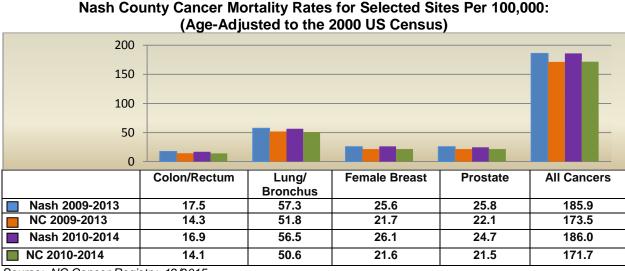
The colon/rectum, lung/bronchus and female breast cancer incidence rates for Nash County for 2009-2013 slightly exceed the state rates. However, the prostate cancer incidence rates for Nash County is lower than the state rates from 2009-2013. In comparison to the 2008-2012 data, the all cancers incidence rate has decreased by 4.6%.



Source: NC Cancer Registry 12/2015

Mortality Data

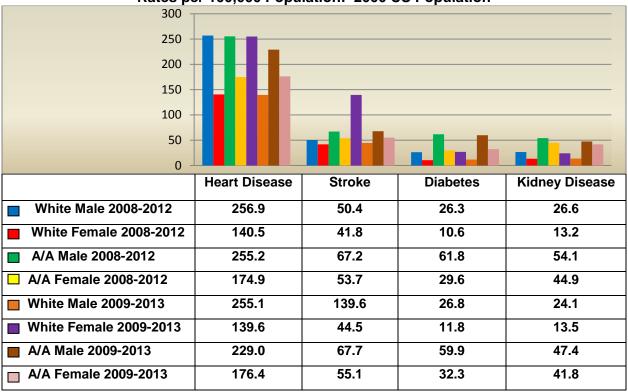
The top five leading causes of death in Nash County are cancer, heart disease, cerebrovascular disease, chronic lower respiratory disease, and diabetes. When looking at the cancer data, the colon/rectum, lung/bronchus and female breast cancer mortality rates for Nash County from 2010-2014 slightly exceed the state rates. In comparison to the 2009-2013 data, the all cancer mortality rate slightly increased by 0.05%.



Source: NC Cancer Registry, 12/2015

When looking at the race/ethnicity and sex-specific age-adjusted death rates per 100,000 of Nash County, NC, White females have dramatically lower death rates in all below diseases than African American (A/A) females. It is the same when compared to the 2008-2012 data. According to the 2015 NC County Health Data Book, from 2009-2013, the heart disease death rates for White males, 255.9 per 100,000, are slightly higher than African American (A/A) males, 255.2 per 100,000. For other diseases such as stroke, diabetes and kidney disease, the death rates in Nash County for African American males are higher than White males. It is the same when compared to the 2008-2012 data.

Nash County Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates Rates per 100,000 Population: 2000 US Population



Source: NC County Health Data Book 2015

Lifestyle behaviors (i.e. unhealthy eating, physical inactivity, and smoking) as well as health disparities are all related to the morbidity rates and the leading causes of death. In conclusion, it is for these reasons that Nash County continues to address chronic disease prevention and disease management. NCHD continuously seeks funding sources to provide quality services to our residents. In addition, NCHD collaborates with area and regional agencies to ensure that health outcomes are being addressed.

^{*}The American Indian, Hispanic and other races rates were unstable and have been suppressed due to cases being fewer than 20.

Priority Areas

In 2012, the Nash County Health Department (NCHD) and numerous community agencies partnered in a unique Community Health Assessment process called Mobilizing for Action through Planning and Partnerships (MAPP). This model is a community-based framework for improving public health and helps communities review health status indicators, prioritize public health issues, identify resources and develop strategies for addressing priority issues. The result of this process was a set of three Community Health goals to be addressed from 2013-2016:

- 1. All persons in Nash County have access to current health information about available education and services.
- 2. Nash County citizens embrace healthy and active living.
- Community groups will be engaged and supported in implementing small-scale physical activity or nutrition projects for their community.

From these goals, action plans were developed to address the priority health issues of Diabetes and Nutrition. This report provides an update on progress made on these priority issues in 2015.

Diabetes

- In 2015, NCHD provided twelve diabetes community classes through community centers, civic organizations, and
 faith communities. Participants were able to receive diabetes education materials and information on healthy
 eating with the MyPlate serving size method and physical activity strategies.
- In 2015, NCHD hosted two Living Healthy with Diabetes-Diabetes Self-Management Programs. The program were funded by Vidant Edgecombe Foundation to create community education opportunities to assist residents in managing chronic health conditions, access to care, healthy eating and physical activity. During the six weeks timeframe, participants learned about diabetes, healthy eating guidelines with the MyPlate method, carbohydrate counting, reading food labels, physical activity tips, diabetes medication management skills and tips on making informed treatment decision. Twenty-six individuals completed the program at the Nash County Senior Center and Rocky Mount Senior Center. By the end of the program, 95% of the participants were able to indicate an improved knowledge about general diabetes education; 20 out of 26 participants reported weight loss greater than eight pounds while other individuals maintained their weight; 80% of the participants reported improved diabetes A1C test; 100% of the participants reported improved blood glucose level readings and daily carbohydrate control. The next diabetes class will be held early 2016 in the western part of the county.

Nutrition

Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)

• The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program has worked with early care and education programs to set preschool children on a lifelong path to healthy eating and activity. NCHD has partnered with Down East Partnership for Children (DEPC) to work with childcare and Head Start Centers in Nash and Edgecombe Counties. From July 2014 to June 2015, a total of 11 centers completed their pre/post assessments, developed action plans, and have received professional development in the areas of nutrition and physical activity. The first program outcome is that 80% of NAPSACC/Shape childcare centers will complete at least two goals in selected nutrition and/or physical activity areas in the action plan. The actual percentage of NAPCACC/Shape childcare centers that completed this outcome was 100%. The second program outcome is that 80% of NAPSACC/Shape childcare centers completing an action plan will demonstrate overall pre/post gains based on improved scores on NAPSACC Self-Assessment. The actual percentage of childcare centers that completed this outcome was 92%.

Triple P Lifestyle

• Group Lifestyle Triple P (Positive Parenting Program) is a multi-component intervention for families with children aged between 5 and 10 years old that are overweight or obese. The aim of the program is to help parents develop effective strategies for managing their child's weight as well as make changes in the whole family's lifestyle. Group Lifestyle Triple P consists of ten 90 minute group sessions and four telephone support calls. The Nash/Edgecombe Counties Triple P hosted a Group Lifestyle Triple P training from November 10th to November 12th at Area L AHEC. Twelve practitioners throughout the state are accredited to conduct this program.



New and Emerging Issues

Nash County Human Services

On July 1, 2015, Nash County Health Department, Nash County Department of Social Services and Nash County Department of Aging became consolidated as a human service agency. The governing board is the Human Services board. The members are a combination of the Board of Health, Social Services Board and Aging Advisory Board.

SC2 Initiative

In April 2014, Rocky Mount, NC was named as a participating community the White House Council on Strong Cities, Strong Communities (SC2) initiative. This federal program combines funding and hands-on technical assistance services for distressed communities across the country. SC2 allows federal teams to work side-by-side with community leaders and provide them with technical assistance they need to execute their community development strategies. The SC2 focal points identified from the Twin County Vision and Strategic Plan are: Growing the regional food economy, Increasing job creation and talent development opportunities, and Improving the quality of life in underserved neighborhoods. The City of Rocky Mount has also been awarded a USDA *Local Foods, Local Places* (LFLP) grant to develop an action plan and identify resources to support ag-related business development in the region. The LFLP workshop was held on June 23 and June 24, 2015 at the Booker T. Theater in Rocky Mount, NC. Many community and regional partners were in attendance. Contractors from Renaissance Planning facilitated the workshop. From this meeting, Renaissance Planning worked to compile the goals and action steps into a plan.

Healthy Places NC

The Kate B. Reynolds Charitable Trust (KBR) invited the Twin Counties (Nash and Edgecombe Counties) to participate in its Healthy Places initiative. Launched in 2012, Healthy Places NC works to improve health, health care and overall quality of life in rural, financially disadvantaged North Carolina counties. The Twin Counties become the sixth and seventh counties selected for the initiative joining: Beaufort, Burke, Halifax, McDowell and Rockingham counties. KBR plans to stay involved in each of these counties for up to 10 years as well as invest 100 million dollars in 10-15 counties to address long-term health challenges. In April 2015, KBR hosted the Policymakers Luncheon, Community Forum and Provider Meeting. Below are the themes that came from policymakers, leaders and citizens of Nash/Edgecombe counties:

- Build on existing infrastructure to address clinical care issues, support stronger health outcomes, and increase prevention
- Connect the region to health through arts, culture and history
- Develop a community-based approach to preventing youth violence
- Build a robust local, healthy food economy
- Address mental health stigma and access to behavioral health services
- Improve access to recreational areas and greenspaces, including spaces designed to meet the needs of all residents

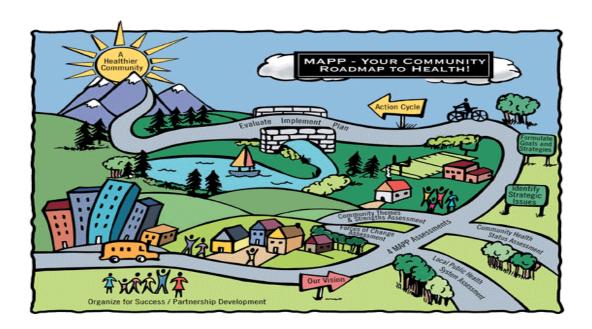
From this meeting, the Twin County Partnership for Healthier Communities (TCPCHC) was created. The first meeting was held in June 2015. The aim of this partnership is for partners to work collectively to improve the health outcomes of Nash/Edgecombe counties. TCPHC meets quarterly and are developing the mission, steering committee and action plan.

Nash County Community Health Vision:

Nash County is an inclusive community where people are proud to live and work; where strong partnerships foster high quality, accessible health resources and a trained, employable workforce; where individuals value and take ownership of healthy lifestyles and benefit from safe indoor and outdoor environments.

We Want You! Get Involved with our Community Health Process and Activities

Community health is about improving the health and lives of ALL persons of Nash County. We are always open to insight, feedback and assistance from members of the community who want to make Nash County a healthier place or who are interested in improving their own health. Contact NCHD today to get involved!



A copy of this report (and other community health reports) can be found on the

Nash County Health Department website at: www.co.nash.nc.us.

Questions about this report or requests for copies can be directed by phone at (252) 459-9819.